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Perspectives on responsibility in practice as revealed through food
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Abstract:

The discursive rhetoric of responsibility has become associated with a neo-liberal 'responsibilisation' agenda, typified by policy approaches to rough sleeping in England. I draw on feminist ethics of care literature to provide a critical discussion of responsibility. Informed by original ethnographic research I explore how responsibility is practiced and negotiated between rough sleepers and local actors through on-site food provisioning activities in the city of Newcastle in northeast England. A distinction and tension was identified between voluntary organisations 'taking care of' rough sleepers food needs, and commissioned service providers and rough sleepers who articulated a 'caring with' approach; both practices highlighted a complex interplay between care and responsibilisation framings. The research revealed how these discourses interacted to inform the implementation and responsiveness of local voluntary and policy actors, to the extent that responsibilisation was made possible by the purposeful rendering of collective and situated care practices.

Keywords: Homelessness, Feminist care theory, ethnography, England

Introduction

Responsibility is a multi-faceted concept. In England the discursive rhetoric of responsibility has over recent decades reordered the social contract between the state and its citizens. The language of rights with responsibility has meant that citizenship rights are (if they ever completely were) no longer unconditional and come with ascribed responsibilities for the self and society (Lister, 1990). This has further emphasised the expectation of self-governance by individuals in their private lives to achieve public policy objectives as the responsibilities of the state have correspondingly decreased following the 'roll-back' of the Keynesian-welfare state and 'roll-out' of varying neo-liberal practices (Peck and Tickell, 2002; May et al., 2005; Barnes and Prior, 2009). The ideas of responsibility and responsible citizenship and their subsequent manifestation into governing strategies and behavioural disciplining of particular 'problem' groups, such as the homeless, have been critically considered through the discourse of 'responsibilisation' (May et al., 2005; Whiteford 2010, 2013; Staeheli, 2013). In the next section I review the discursive rhetoric of responsibilisation in relation to rough sleepers (street homeless) in England as outlined in policy documents published by successive central governments and the localised negotiations of responsibility for rough sleepers that have arisen from this approach. I then draw from feminist political care theorists and ethics of care literatures to open up the discussion of responsibility, particularly the work of Joan Tronto (1993, 2013) and Selma Sevenhuijsen (1998, 2000, 2003) who explicitly engage with the institutional and public policy interactions of care and responsibility. Consequently, two co-existing discourses of responsibility frame this paper: neo-liberal responsibilisation which stresses the

individualised basis of responsibility for personal wellbeing, and a feminist ethics of care perspective that emphasises the interdependent, situated relations that enable an individual to take responsibility for their own and others wellbeing. Central to both discourses is the perceived location or allocation of responsibility, and the asymmetry in power relations that inform and reproduce these arrangements. Following Sevenhuijsen, I recognise that a difference can occur as to how responsibility is 'ascribed' (the desired attributes and attitudes) and how responsibility is 'achieved' in everyday contexts (2000: 29-30). Crucially, this distinction can lead to divergent understandings and practices of responsibility. Therefore, this paper aims to identify how different actors perceive and practice responsibility, its ascription and achievement, with reference to the two aforementioned discursive framings.

The analysis presented in this paper draws from ethnographic research concerning food provisioning practices (the offer and provision of food *and* the decision to accept food) conducted in Newcastle, a city in northeast England, during 2011-13 to focus the discussion. The provision of food-based support for rough sleepers is contentious (Johnsen et al., 2005a; Lane and Power, 2009; Cloke et al., 2010; Whiteford, 2010; Buckingham, 2012; Staeheli, 2013). Johnsen et al., note how soup runs (street-based food offers): 'occupy marginal positions within service networks because of the incongruity of the non-interventionist ethos and the Central Government's stance regarding the culpability and deservedness of service users' (2005a: 334). The non-interventionist food provisioning approach that is common to many charitable initiatives runs counter to the responsibilisation discourse expressed within

English homeless policy (explicitly stated Department for the Environment, Transport and the Regions/Rough Sleepers Unit (DETR/RSU), 1999; see Johnsen et al., 2005; Lane and Power, 2009). This is reproduced in the good practice notes for the recent *No Second Night Out* initiative (a national policy that aims to reduce the number of new rough sleepers spending a second night on the streets, Department of Communities and Local Government (DCLG), 2011) which suggested that third sector charities and faith groups could be 'encouraged to undertake activities that are supportive' of rough sleeper assessments such as 'providing food during the assessments rather than on the streets' so as not to undermine the engagement process (Homeless Link, 2012: 20). A tension exists in attitudes towards this practice that is representative of the two discursive framings of responsibility informing this paper. Typically, food provision as sustaining an individual's street lifestyle and associated 'problematic' behaviour reflects the rationale of responsibilisation, whereas a feminist ethics of care, taking responsibility for the self and other, is concerned with the offer of food as sustaining the individual as part of ongoing care relations and practice. However, this paper finds that such representations hide the complex interactions between the two discursive framings and their associated practices.

'Responsibilisation' and rough sleepers

Over recent decades consecutive central government administrations have placed recurring emphasis on reducing the numbers of rough sleepers and their visibility, particularly within urban centres (Social Exclusion Unit, 1998; DETR/RSU, 1999; Department of Transport, Local Government and the

Regions (DTLR), 2003; DCLG, 2011, 2012). A critical reading of these policy developments aligns them to the responsible citizenship agenda, otherwise known as 'responsibilisation', that has reordered welfare and social policy provision (Rose, 1996; Liebenberg et al., 2015) and frequently focused on homeless individuals and support services (May et al., 2005; Whiteford 2010, 2013; Staeheli, 2013; May and Cloke, 2014).

The term 'responsibilisation' refers to an ongoing process that has restructured social relations. This has typically involved a transition away from state-led collective social provisions to support universal wellbeing (typified by institutions such as the welfare state) towards a greater onus placed on individuals to obtain and maintain their personal wellbeing (and that of those closest to them, whether familial or communal), such that self-responsible individuals make little claim on state resources. Correspondingly, various strategies have been promoted by the state to guide and regulate individuals towards a desired norm of 'responsible' conduct and rational choice. This assumes, and valorises, an autonomous individual capable of self-governance, directed by self-interest. Consequently, when an individual fails in their self-responsibility they become marginalised from their communities and society, and subject to more coercive techniques and interventions such as shaming, conditionality and sanction to change their behaviour, exemplified by welfare-to-work approaches.

The responsibilisation of rough sleepers encourages individuals to take 'responsibility' for the causes of their exclusion, which may be multiple, and

correspondingly accept support to move off the streets, and transform themselves from a situation of welfare dependence to securing their own current and future wellbeing as they make the transition to independent living (Fitzpatrick and Jones, 2005; Scanlon and Adlam, 2008; Cloke et al., 2010; Whiteford 2010; Dwyer et al., 2015). Given this expectation, entrenched rough sleepers - individuals who remain rough sleeping for whatever reason - have become an anachronism to this discourse and the subject of more assertive outreach and coercive actions associated with countering street-lifestyle behaviours deemed problematic and deviant, and subsequently legislated for as anti-social such as begging and drinking (Fitzpatrick and Jones, 2005; Parsell and Parsell, 2012; May and Cloke, 2014). This can occur because those with complex needs often refuse/or are unable to identify their issues in terms defined by public policy (Scanlon and Adlam, 2008; Dwyer et al., 2015), they may experience more stringent bases of accountability than their peers with less 'risky' histories (Liebenberg et al., 2015) and/or rough sleeping presents a rational choice given their situation and available options (Parsell and Parsell, 2012). Such discursive rhetoric holds any failure to follow government precepts of responsibility, as a failure of the individual to meet societal norms, rather than the possible inappropriate fit of any intervention to the individual's needs and situation (Liebenberg et al., 2015). DeVerteuil (2014) suggests that for punitive actions to be effective they are dependent on a complementary set of supportive local arrangements. These arrangements are ostensibly provided via voluntary sector responses ranging from providing spaces of abeyance (containment of 'problem' groups), which may offer sustenance (enabling survival) and care (facilitating support). Yet, such

practices adopted by voluntary/charitable actors in response to neo-liberal and communitarian rhetoric may reproduce and facilitate responsabilisation (see Whiteford, 2010).

In England, two concurrent homeless policy approaches have contributed to the developing practices of responsabilisation: homelessness prevention efforts and devolution of policy delivery to local actors. Homelessness prevention actions have included a legislative widening of vulnerable groups deemed to be statutorily homeless and entitled to local authority accommodation such as young care leavers and those leaving prison (qualifying groups were expanded under Homelessness (Priority Need for Accommodation) (England) Order 2002). With further policy emphasis orientating support to those new to the streets to prevent them becoming entrenched rough sleepers (DTLR, 2003; DCLG, 2011, 2012). To be recognised as statutory homeless, an individual must meet the following conditions; be eligible for state support (e.g. asylum seekers are not eligible), be unintentionally homeless (not of their own making), be in priority need (assessed on socio-economic status and vulnerability), and be able to show a local connection to the area, otherwise responsibility for housing is deemed to lay elsewhere, if at all. Thus, the distinction is made between homeless individuals for whom the state is legally responsible for and those who it places outside its duty of care (Pleace, 1998; Pawson, 2007; Scanlon and Adlam, 2008; Fitzpatrick and Pleace, 2012; Dwyer et al., 2015).

At the same time, newly devolved responsibilities and management for homelessness and rough sleeping were given by central government to local

authorities, often in partnership with other local agencies and third sector organisations commissioned to support individuals (DTLR, 2003; DCLG, 2011). Since 2003, English local authorities have been required to publish local homeless strategies that recognise their local context and orientate actions and partnership working within this to achieve the outcomes and targets set by central government (Pawson, 2007; Cloke, et al., 2010).

However, through devolution the values reflected at the local level – wherein central government policy is interpreted and implemented – can differ from the initial policy direction (Cloke et al., 2010; Dobson, 2011; Fitzpatrick and Stephens, 2014; May and Cloke, 2014). Just as some voluntary organisations seek out integration into this service delivery structure there are those who are unable or unwilling to become involved in service delivery and/or the responsabilisation agenda it represents (Staeheli, 2013; May and Cloke, 2014). As part of this process local actors and practices may resist (oppose), survive (be resilient to change) or rework power relations and associated resource distributions (May and Cloke, 2014, following Katz, 2004) or subvert public policy (Barnes and Prior, 2009). Together the diversity of actors and local issues provide a highly varied landscape of local homeless service delivery and practices (May et al., 2005; Cloke et al., 2010; Buckingham, 2012; Staeheli, 2013; Fitzpatrick and Stephens, 2014; May and Cloke, 2014). These outcomes can be considered as examples of localised negotiations of responsibility, which this paper builds on to interrogate the ascription and achievement of responsibility.

A feminist ethic of care

A feminist ethic highlights the linkage between feminist theory and moral values. Consequently, a feminist ethic of care considers how moral dispositions and values (such as empathy and compassion) inherent in responding to another's needs are realised in the social practice of caring. A feminist ethic of care specifically recognises the situated, interdependent, and collective relational bases of our responsibilities, both to the self and others.

The political basis of a feminist ethic of care can be overlooked, as the seminal conceptualisation of care practice by Tronto (1993) is often reproduced apolitically. Tronto conceived of caring as a process possessing four connected phases (caring about, taking care of, care giving and care receiving) that in conjunction with four corresponding moral values (attentiveness, responsibility, competence and responsiveness respectively) provided an integrity (ethic) of care. A fifth phase - 'caring with' - has since been added (Tronto, 2013). 'Caring with' reflects solidarity and encompasses the values of plurality, communication, trust and respect to take forward Tronto's political thesis that a democracy needs to have 'meaningful discussions' about the 'nature of responsibility in society' such that care becomes a concern for everyone and enables social difference to be negotiated (2013: 33). Thus, explicit within a feminist ethics of care is the political imperative to question the basis upon which society values and allocates care and responsibility, as a collective democracy (Tronto, 2013) and through citizenship arrangements (Sevenhuijsen, 1998, 2003). This requires greater critical consideration of power structures as to how they exert and reproduce difference, inequality, and

variably distribute care burdens and privileges rather than assuming there is anything natural or given about these arrangements (Sevenhuijsen, 1998; Tronto, 1993, 2013; Lawson, 2007; Walker, 2007; Staeheli, 2013). These typically concern the interplay of gender-, class- and race-based responsibilities for care and their reproduction in welfare restructuring, labour markets, care work commodification, and expressions of community responsibility (Sevenhuijsen, 1998; Staeheli and Brown, 2003; Lawson, 2007; Cox, 2013; Tronto, 2013).

The rhetoric of responsabilisation has endorsed distributions that promote and evaluate responsibility through existing economic and social relations. The concept of 'privileged irresponsibility' – how some individuals' relative privilege to others 'excuses' them from undertaking care – contributes an important insight into the disparate expectations, allocations, and negation or 'passes' out of responsibility (Tronto, 1993, 2013). This can arise because the individual's activities are deemed both by themselves and society as more important than undertaking care (e.g. the status of economically productive employment). However, an individual's belief that the purchasing of care for themselves/their own or through charitable donation fulfils their responsibility, without considering the ramifications of their actions for all involved means that through privileged irresponsibility individuals become complicit in reproducing inequalities. As the same values and practices of responsibility are not applied equally to all individuals, this differentiated bases of accountability enables privileged irresponsibility and can result in the least powerful/more vulnerable

in society having their lives and choices adjudged by more powerful individuals (Walker, 2007; Tronto 1993, 2013).

A feminist ethic of care perspective offers a valuable critique of the responsibilisation agenda; by highlighting the differentiated forms of responsibility and questioning the assumption of the autonomous self whose actions are devoid of any relational context or lived experience (Walker, 2007; Tronto, 2013). How individuals recognise and negotiate their various responsibilities in different contexts, and in turn the relationships and interconnections informing and resulting from these networks of care, hold implications for the functioning of social policy and wider democratic policymaking as to whether this allocation of responsibility and care is accepted or challenged (Sevenhuijsen, 1998, 2000, 2003; Engster, 2007; Lawson, 2007; Barnes, 2012; Staeheli, 2013; Tronto, 2013). An ethics of care may allow 'local solutions to specific local problems to be worked out', reflecting different values as well as other cultural practices and norms (Mol et al., 2010: 13). Thus, this paper focuses on particular local arrangements of responsibility, their ascription and achievement, as perceived by different actors that were made visible through food provisioning practices for those rough sleeping in Newcastle.

Methodology

The corpus of data informing this paper is drawn from two consecutive studies. The first study considered historic and contemporary on-site food provision (e.g. meals offered in soup kitchens, community cafés) within the Tyne and Wear region and their role in maintaining social order (the social practices

generated from prevailing shared social norms and values) at times of economic crises (conducted 2011-2012). As part of the first study semi-structured interviews were conducted with participants from third sector organisations who provided on-site food support in Newcastle (eight interviews were conducted with participants from seven organisations, four organisations declined to participate). An additional local authority perspective was provided by William, the Chronic Exclusion (Rough Sleeping) Lead Practitioner who commissioned some meal-based support in Newcastle. The preliminary analysis identified how interviewees of contemporary activities articulated their work as a caring practice, often emphasizing their support of rough sleepers as an example of this. Consequently, the second study was designed to explicitly explore the assertion of caring in everyday practice, through the provision of meal-based offers in different settings and followed an ethnographic approach (Pink, 2012). This was undertaken in Newcastle only during 2012-13.

Ethnographic data was generated through participant observation in two sites that had contributed to the first study. Site 1 was a homeless day centre run by a third sector secular organisation commissioned by the local authority to provide meal-based support as well as laundry and bathing facilities and access to public health support. In contrast, site 2 was a community café run by the congregation of a Christian denomination church as part of their parish outreach and was not part of any commissioned service provision. The latter site's inclusion reflects the research objective of exploring the care practices of food provisioning for the wider public. Staff and volunteers in each site gave their informed consent to being observed and participating in the research and

when I introduced myself to site users/guests they were told I was conducting research and so could decide if they wanted to engage in conversation and what about. Detailed fieldnotes were written after each observation. This data was complemented by semi-structured interviews with individuals who were currently registered homeless and in hostel accommodation, but had recently slept rough in Newcastle. The convenience sample (n=14) of homeless interviewees was recruited through hostel managers, via William. To help contextualise this sample, eight rough sleepers were recorded on average per night in Newcastle during 2012-13 with a total of 250 rough sleeping presentations made to housing services (Newcastle City Council, 2013).

All interviewees gave informed written consent at the start of the interview. The majority of interviews were digitally recorded and fully transcribed. During the remaining interviews detailed notes were taken which were written up immediately following interview. Both studies were conducted after completing the ethical approval process at the author's institution and Criminal Records Bureau checks.

The data corpus was analysed through thematic coding following initial and pattern coding practice (Miles and Huberman, 1994). Following analysis of both studies, responsibility emerged as a theme. The next section explores responsibility in practice, organised by Sevenhuijsen's conceptualisation of responsibility as ascribed and achieved. In all data extracts pseudonyms are used.

Responsibility in practice

Ascribing responsibility

Competency

Participants who commissioned or were from third sector organisations commissioned to deliver services to the homeless echoed the responsibilisation agenda and reproduced this discourse in their narratives. For example, William emphasised how the offer of food could facilitate initial engagement and assessment (as per official guidelines) but in addition argued that this helped to initiate and hopefully establish an ongoing relationship with a rough sleeper:

“... food has to be part of an offer ... people are quite guarded and suspicious, those are the simple generous things you can do that start to build that trust up with people, so food is really important because it’s one of those basic things of shelter, food, warmth and if you can start to tackle those they are the foundation blocks to build upon.”

This ongoing contact and relationship could enable “underlying issues” to be addressed that may “dramatically improve the chances of people turning around their life situation” (William). However, an ethics of care framing was reflected in the narratives of actors involved in the commissioned service landscape; they argued that food provisioning was part of their continuing care practice, and presented themselves as possessing the professional competency to support rough sleepers in a responsive and responsible way, informed through the trust-based relationship built and maintained with rough sleepers (noted above). Moreover, the expression of their competency to care

responsibly was explicitly contrasted with other voluntary organisations in Newcastle that could not or would not make interventions in the lives of rough sleepers beyond the provision of food and were perceived of as sustaining problematic and exclusionary lifestyles. For example, William commented:

“...you have to ask the question at what point do you sustain and maintain the people on the streets or at what point are you doing something where you are actually helping address that situation, so listening to people and what they are telling you is one thing, but do you have the skills and the experience and the networks to do something about it.”

Zoe, homeless day centre manager (site 1) also commented:

“... So because they [clients] know we are involved with other agencies, it's not just like the kitchens or the churches, you don't just walk in, nobody knows who you are, get fed, and you walk out. We want to know who you are? Are you sleeping rough? If so, where are you? Why are you homeless? So I think because they know we are quite happy to give the support but we want to give you more and work on that, so I think it's slightly different.”

Non-commissioned voluntary actors, such as ‘the kitchens and churches’ referred to above, constructed the rationale for their food provisioning activities by asserting their difference to commissioned providers and their care practice. This is illustrated by the following account from Una, a community kitchen outreach manager:

“We can’t find them anywhere to live but we can give them food ... where they get spoke testy to at agencies they can come in and have a chat and try and find other ways around it ... this is consistency, this is what they know ... they will be listened to and taken care of.”

Continuing:

“Somebody who gets paid for a job, yes they do the job and fill in the pieces of paper but emotionally they don’t always understand where these people are coming from.”

From these contrasting perspectives a divergence based on the normative evaluations of what desired attributes constitute care and the role of responsibility within this emerges. The extracts suggest that each organisation and its mode of support is being attentive, responsive and building continuing relationships with rough sleepers but with different ideas of what attributes constitute responsibility and associated competences to deliver the support they perceive is needed, or to phrase it more crudely provide ‘good care’. Notably, in the examples depicted above, these arguments and the suggested evaluative criteria are justified from a different perspective by each participant relative to those who have decided to accept the food support offered; for Una it is from an empathetic ‘understanding’ of the rough sleeper and their needs that the kitchen can ‘take care of’, whereas for those involved in the commissioned service landscape (William and Zoe) their perspectives were informed by policy prescriptions – including the rough sleeper recognising the support and reciprocity of the relationship through responsibilisation – and

ideas of professionalism (following Johnsen et al., 2005b; Phelan and Norris, 2008; Buckingham, 2012). However, Zoe's account indicates something more was happening than an uncritical reproduction of responsibilisation, as she described how care ethics were applied to care practice. Extracts from the commissioned actors express the practice of 'caring with', going beyond the food offer and listening activity and building trust to link and embed individuals within support networks. This reaffirms the importance of trust and reliability in responsibility practices, as well as its contributing to an integrity of care (Sevenhuijsen, 2003; Lawson, 2007; Tronto, 2013).

Reliability

The connection between competency and responsibility in supporting rough sleepers extended to the local authority's production of a small photocopied leaflet, outlining what organisation was open when, where and what associated meals were offered each day (Newcastle City Council, 2012). The leaflet was intended to direct homeless people to "places where they should go" to receive food support (William) and help counter the need for rough sleepers to engage in problematic behaviours such as begging for money to buy food or food theft (survival crime). The leaflet was a material representation of an intention to care for and support rough sleeper's survival. The 'white leaflet' or 'form' was often interpreted as such when raised by rough sleepers in interview:

"It means something to you when you are on the streets ... it means a lot just to know where to go, useful." (Sadie, female, 30s, with partner)

However, the leaflet also reflected the local authority's responsibility regarding the perceived competences of the organisations listed within it to support the homeless and other, potentially vulnerable, individuals. For example, William after meeting with one charitable food-providing organisation "out of concern" omitted it from the list due to a general unease about its practices and the implications this would have if included in the leaflet and its wider directory of services:

"... it is almost like being rubber-stamped by the Council, that we are completely aware of your activities and we are supporting it, but the questions were about confidentiality ... safeguarding".

This highlights the variation in community spaces that take on responsibility for particular activities, and at its extreme, the potential lack of ethical codes and frameworks that can exist (Warner et al., 2013). This example also stresses the potential marginalisation of non-commissioned voluntary sector providers, especially if they are acting independently of other organisations (Buckingham, 2012), and the potential consequences for their users.

Homeless participants generally interpreted an organisation's listing in the leaflet as an official approval of the site and provider (as anticipated by William); an endorsement often enhanced due to its being supplied by local housing officers, key workers and police. When the information in the leaflet was found to be inaccurate this detracted from the rough sleeper's trust in, and by association perception of reliability and care offered by those organisations

claiming to support them. Rough sleepers argued that they were behaving responsibly in using the spaces and provision they were directed to and so should be provided with reliable information, as Neil (male, 50s, single) stated:

“There are sheets ... they have to keep them up to date, because I got a list and I tell you what, there was six places and two of them don’t exist so you can tell how long somebody has even bothered to look at it never mind update it ... I am sorry but I think it is inexcusable ... you are talking about people, literally people’s lives ...”

Complimentary responsibilities?

The non-commissioned voluntary/charitable food providers often framed their activities as complementing the commissioned provision. However, they justified their activities as being necessary given their perceived failings of the local homeless system’s functioning and the resulting unmet needs within their community to which they were responding. The unmet needs generally related to the asserted lack in existing provision of convivial spaces, and failure to extend friendship to the homeless and other potentially excluded people, both of which could be achieved through the activities associated with offering or sharing a meal. The following account, given by Vera (who represented a faith-based charity facilitating the establishment of community cafés as part of its parish outreach activities) emphasises the complementarity but also the self-allocated responsibility for this offer:

“...we identified ... the need in usually single indigenous men [contextualised as low-income adults who found it difficult to work and/or meet the stipulations of benefit receipt and did not have ‘refugee status’] and needing to have a safe place and a warm place and an environment where they could actually be. And then I went on to identify all the other services that are available ... we went and talked to the groups and the professionals then we decided to go forward ... but we also actually made sure we complemented the work done elsewhere so we didn’t actually, we weren’t in competition”.

It was noted in interviews that efforts were undertaken to avoid potential duplication of food offers to manage resources effectively and encourage rough sleepers to engage with commissioned support. For example, throughout Thursday mornings site 1 would provide a cooked breakfast on the basis that a community kitchen would open at lunchtime when the centre closed and clients would have the opportunity to obtain a main meal there.

However, the complementarity of provision had multiple interpretations. Elsewhere in Newcastle Thomas, a community kitchen manager, commented “we have the Big Society in operation” and used this ideological discourse of community responsibility (see Hancock et al, 2012 for discussion) to both validate their actions and substantiate the different basis of their responsibility to act. It was felt by commissioned/commissioning participants that this discourse was being used by some voluntary organisations to legitimate their insertion into the commissioned support system or prompt closer working

arrangements given their professed ability to engage with hard to reach populations through food provisioning activities. This led to further concerns over the competence of such support offers to clients. This was also interpreted as an affront to the existing system and the skills of specialist practitioners, particularly given the budgetary pressures on services and wider welfare reforms (noted Newcastle City Council, 2013). For example, William recalled a request made by one community kitchen manager for the housing service to provide outreach sessions at the site once every four to six weeks, informing them:

“I don’t think you have the space to have one to one sessions where people can open up and tell you confidential information and you have to think about how are you going to record, and how are you going to refer people on’ ... so they wanted everyone [statutory service providers] to come and do outreach there ... but you have to think about what you want to do and how do you want to assist people to move on.”

The different premise of responsibility asserted by non-commissioned voluntary organisations can also create a difference in the basis of accountability (hinted at in the preceding extracts); this maybe uncritically questioned through the adoption of ideological rhetoric such as that attached to the ‘Big Society’ (Lawson, 2007; Warner et al., 2013).

Achieving responsibility

Finding a common basis to build trust

In the early hours of each weekday morning commissioned outreach teams from site 1 would search Newcastle for rough sleepers, identify and verify their rough sleeping status for official records on the housing gateway system. The housing gateway is an electronic registration and record system whereby homeless individuals provide information to any recognised agency/organisation which is made available to other organisations on the system, enabling an individual's pathway towards independent living to be constantly recorded. After saying hello and introducing themselves, the 'waker' following a positive response would invite the individual to the day centre "for something to eat and some support" – the two were irrevocably linked (field observation wake-up October 2012). Former rough sleepers recalled this practice:

"Paul would wake you up and tell you to go to [site 1] for some scran [food] and that". (Iain, male, 30s, single)

As some of the wakers/project workers were former rough sleepers who had fulfilled the transition to independent living, they provided an example of responsabilisation to rough sleepers and talked them through their own experiences, a technique used to help further trust-based relationships. Moreover, this recognition of need, invitation to eat and associated support delivered by site 1 was often contrasted with other organisations who rough sleepers deemed less responsive and attentive to their needs:

“ ... you have got them adverts for the Salvation Army and that £19 appeal thing on the telly it is full of shit if you ask me ... Honest to God it is, it is just they don't come out and do anything for you” (Katie, female, 20s, single)

Katie's disgust at the public self-portrayal of an organisation and its responsibility to rough sleepers in contrast to her personal experience reiterates how people can 'identify with the values of an ethic of care' and 'do not rashly place their own care in the hands of 'others'' just because an offer exists (Sevenhuijsen, 2003: 194).

In building relationships with rough sleepers to support both their daily survival and possible onward (housing/life) transition a 'relation of approach' (Young, 1997: 351) was identified in the narratives of those involved in the commissioned service landscape as they attempted to mediate the distance between policy prescriptions and the rough sleeper's situation. The narratives of Newcastle's two homeless day centre manager's recounted the "active listening" by staff to the perspective of the rough sleeper to provide the foundation for the 'caring with' responsibility they offered. This was undertaken in various ways and over different time frames, typically facilitated by ongoing contact through the food offer, but acted to assess the rough sleeper's situation, find a common basis upon which to work with the individual, and build a relationship:

“But we don’t force anything on them, like I say it’s down to the individual. We will go softly if we have to and just wait until they feel ready, you tend to see people taken with one member of staff, with someone who has common ground with them and then we tend to keep having little chats.”
(Zoe)

Mutual recognition and alignment of expectations

One mechanism which facilitated a common understanding between individuals and service providers was the offer of food specifically to rough sleepers. Through familiarity with the conditionality of the housing/homeless system rough sleepers recognised that there was no requirement for any organisation to provide food. Consequently, that one centre was commissioned to provide this worked to re-inscribe and communicate the intention of this support. What set this provision apart was that it was for rough sleepers only signalling that their needs were recognised but this also acknowledged the deservedness often expressed by rough sleepers in interview and observation regarding their food support needs relative to other, i.e. accommodated, individuals. Becky’s (rough sleeper, female, 20s, with partner - October 2012) actions in site 1 highlighted the importance of this dedicated food-based support and its alignment with rough sleepers’ perceptions of deservedness/need prioritisation when she shouted at one accommodated individual who presented for a meal:

“How else are we supposed to eat? You’ve got money, you’ve got a home!”

At its extreme this practice of commissioned providers and rough sleepers' both respecting this prioritisation of need and resources led to a dilemma between maintaining access to a reliable and safe food source or obtaining accommodation. This is again illustrated by Becky, who at a later session (site 1, October 2012) was offered temporary accommodation but exclaimed that she didn't want to take it because she would "miss her meal here". The implication being that if people are accommodated they are not supposed to present for meals at site 1 to ensure those rough sleeping are fed and that resources are used for this (notices on-site stated this), whereas her accommodation offer was in self-catering accommodation. Becky only accepted the accommodation offer after Mary (chef/project worker) quietly reassured her that she always has some spare food and not to worry about that. Here, Becky was publicly portraying herself as responsible and not exploiting the centre and its support; whether this was a conscious or internalised rendering of the responsabilisation discourse was unclear.

The association between having accommodation and not experiencing food access problems was a frequent assertion of rough sleeper interviews. This was allied to their asserted responsible use of food providing sites they had been directed to, which if open to the public they often argued were taken advantage of by others, less deserving than themselves, and expressed a moral repugnancy at the greed they observed in the non-homeless population. For example, Iain described his limited use of a community kitchen because it was:

“Full of people who didn’t need to go there, I didn’t enjoy it, I went out of necessity ... the people who went didn’t need to go, they were just taking the piss.”

The rough sleeper’s accounts suggested a recognised reliance by them on food providing sites, but for many this was practiced in accordance with their perceptions of responsible behaviour. Many rough sleepers preferred using homeless only sites for safety reasons and the competence they recognised and ascribed to the organisations in running the site, but also to fulfil their perceived responsibility to present themselves daily at sites that were part of the housing gateway system. This acted to make themselves and their status visible, indicate their desire to be accommodated, and show that they possessed the attributes of a responsible and reliable citizen as per the responsibilisation discourse and its constructed expectations of behavioural transitions. The gateway system meant that rough sleepers could present at a day centre, register their housing need (although this could only be verified if spotted by the outreach teams), as well as obtain food without having to criss-cross the city and deal with multiple agencies (William, Zoe and Yvonne, a secular housing charity manager). Amy (female, 20s, with partner) described this practice in her discussion of the second homeless day centre in Newcastle:

“They are really helpful, we used to spend half the days in there. It opens about 9 I think, we used to go there and have breakfast and cuppas all

day and also when we were there they went to see if there were any beds anywhere ...”

Conclusions

This paper has explored responsibility as practiced by rough sleepers and those organisations seeking to support them within the city of Newcastle. Attention has been focused on those practices of responsibility made visible through food provisioning activities, reflecting the divergent discursive framings of responsibility – responsibilisation and a feminist ethic of care. A feminist ethic of care perspective directs attention to the situated and relational basis of responsibility and how this manifests in different values and practices that hold implications for the wellbeing of rough sleepers and realities of social policy implementation.

The research reveals a complex interaction of the two discourses and their expression, both responsibilisation and a feminist ethic of care were present in all participant’s accounts, whether provider or rough sleeper. This does not suggest that achieving responsibility as promoted by responsibilisation rhetoric is simply dependent on supportive and supplemental care practices. Rather, it is the relative balance between the two discourses that inform differentiated perceptions of responsibility and their resultant practices. For example, the extent to which non-commissioned voluntary organisations ‘taking care of’ practices were impelled by the ideological rhetoric of responsibilisation (i.e. ‘the big society’) may have inadvertently belittled the very care values and practices those actors wished to express, as indicated by rough sleeper accounts. This

highlighted the differentiated bases of accountability and responsibility different organisations asserted and practiced concerning their response to perceived need(s).

The research suggests that actors involved in the commissioned service landscape and rough sleepers recognised the responsabilisation agenda and its broad expectations, but this was complemented through a mutual recognition of the individual's situation and needs such that their interests coalesced around dedicated food provision offers. This enhanced the relational basis of the support ('caring with'), and assisted rough sleeper's initial and continued engagement with homeless service providers as they created a space in which 'people can practise care, responsibility and trust in relation to the material and immaterial things that matter in their lives' (Sevenhuijsen, 2003: 187). Moreover, this dedicated offer provided a means by which the vague basis of responsabilisation could be interpreted by rough sleepers, provide a mechanism where they could more readily 'fit' with this agenda, and assert a claim to this discourse through their own practices.

Participants involved in the commissioned service landscape purposefully mediated the power relations and distance between policy prescription and regulation and the rough sleeper, whilst simultaneously expressing their solidarity ('caring with') and making visible the care relations and wider interdependencies individuals were situated within. As such they were adapting and 'tinkering' with the formal system, and working with local norms, values and expectations (Mol et al., 2010) to offer a very localised negotiation

and arrangement of responsibility in practice underpinned by care ethics. Responsibility was achieved in this context because actors involved in the commissioned landscape purposively adapted the practice and expectations of responsibility for the rough sleeper amidst the rigours of the responsibilisation agenda and its everyday implementation for both themselves and their clients.

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